

METER STATION NO: _____

DRY GAS REPORT FOR MONTH OF _____, YEAR: _____

CFR 226.13 - LESSEE SHALL FURNISH
CERTIFIED MONTHLY REPORTS BY
THE 25TH OF EACH MONTH COVERING
ALL OPERATIONS, WHETHER THERE
HAS BEEN PRODUCTION OR NOT.

TO SUPERINTENDENT, OSAGE AGENCY
BRANCH OF MINERALS
813 GRANDVIEW
P. O. BOX 1539
PAWHUSKA, OK 74056
(918) 287-5740 FAX NO. (918) 287-5786

LESSEE ID NO.: _____

LESSEE NAME: _____ CURRENT PHONE NO: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GAS PURCHASER: _____ PURPOSE: DOMESTIC/SALES/OTHER (CIRCLE ONE)

LOCATION OF METER: _____ BTU ADJUSTMENT: _____

LEASE DESCRIPTION

OSAGE CONTRACT NUMBER	¼	SEC	TWP	RGE	ROYALTY RATE	TYPE OF GAS (1)	ROYALTY AMOUNT	MCF	UNIT PRICE PAID PER/MCF	PRICE PAID PER MMBTU	NO. OF WELLS PRO- DUCED	DATE LAST PRODUCED MO/DY/YR

1. **USE:** CHG (CASINGHEAD); NG - NATURAL GAS (GAS WELL GAS); CBM -(COAL BED METHANE)
2. **CONSOLIDATED GAS LEASES** - PRODUCTION FROM EACH QUARTER SECTION OF CONSOLIDATION MUST BE ACCOUNTED FOR SEPARATELY AND COLUMN IS TO BE TOTALED FOR EACH CONSOLIDATION.

I CERTIFY THAT THE FOREGOING REPORT IS TRUE AND CORRECT.

SIGNATURE AND TITLE

TELEPHONE NUMBER